

POSITION	INITIALS	ID NO.	DATE
	F.F		04-30-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	917	06-15-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date									
Final	4	8	11	1	13	9				
Original	9	12	19	04	15	15				
	03	03	03	04	04	04				
1	✓	✓	✓	✓	✓	✓				
2	✓	✓			1	1				
3	✓	✓			0					
4	✓	✓								
5	✓	✓								
6	✓	✓								
7	✓	✓								
8	✓	✓	=	✓						
9	✓									
10	✓	✓								
11	✓	✓								
12	✓	✓								
13	✓	✓	=	✓						
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If more than 150 claims or 10 actions  
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